

REVOCATION OF
DURABLE POWER OF ATTORNEY FOR HEALTH CARE

I, _____, Declarant, having executed a General Power of Attorney on the ____ day of _____, 20____, naming _____ my attorney-in-fact/agent, do hereby revoke that Power of Attorney pursuant to its explicit provision that it may be revoked by me by written instrument signed by me and delivered to my attorney-in-fact/Agent.

This is my written revocation of the above referenced General Power of Attorney and I am providing a copy of it to my attorney-in-fact/Agent.

DATED this the ____ day of _____, 20____.

Signature of Declarant: _____

Printed Name of Declarant: _____

Address of Declarant: _____